

MCCARTY GRANT APPLICATION – Date _____

(Please print or type all responses.)

Organization _____ Federal EIN # _____

Mailing Address

Email _____@_____ (best time to call _____)
Phone _____

Director of organization (name and title)

(Please print)

Contact Person (name, title and phone number) (if different from above)

Estimated Project Cost and sources of support

- Amount requested from the Stratton Foundation _____
- Amount coming from the organization budget _____
- Amount anticipated from other charitable sources _____
- **Total cost of the project** _____

Please note – applications will NOT be considered if an

- Application is incomplete or applications instructions are not followed
- A request is made from an organization that has received a grant in the last five years that has not submitted all appropriate follow-up reports
- While organizations can apply twice a year for McCarty grants, as a general rule the Stratton Foundation will not make two grants to one organization in a twelve month period, and we ask that organizations take this into consideration when applying for a grant. Exceptions will be made in the event of an unforeseen need or opportunity.

Describe in one to two sentences the

1. Mission and scope of activities provided by your organization

2. Need for the project and/or equipment

3. Anticipated impact

4. Plan for seeking other sources of funds for the project

5. Approximate number of people in the communities we serve that will benefit

6. How effectiveness of this initiative will be measured

7. If your organization received a McCarty grant during the last grant period (six months ago), please note that our board will only consider making a second grant within a twelve month period in response to an unforeseen need or opportunity. If this pertains to your organization, please take this opportunity to make a strong case for a McCarty grant. Do not hesitate to call the office with questions.

8. If one or more McCarty or Focus grants from the Stratton Foundation have been received in the past five years, please describe the impact of the last grant in no more than three to five sentences.

This application and guidelines can be downloaded from strattonfoundation.org

**STRATTON MOUNTAIN & VALLEY COMMUNITY BENEFIT FOUNDATION
P.O. BOX 513 • Stratton Mt, VT • 05155 • TELEPHONE: 802-297-2096**